

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018999

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 671. PLACE OF DEATH
a. COUNTY **Barry**b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Monett**Length of stay in 1b
70 yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Barry**c. CITY OR TOWN **Monett** Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Vincent Hosp.**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
301 Pearl St. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Margaret Frances Shipley4. DATE OF DEATH
Month Day Year
June 9, 19635. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
1/15/18899. AGE (last birthday) **74**
IF UNDER 1 YEAR IF UNDER 24 H
Months Days Hours Min10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country).
Pierce City, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Napoleon Rowley

13b. MOTHER'S MAIDEN NAME

Mary E. Petree

14. NAME OF HUSBAND OR WIFE

Walter Shipley, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

33

17. INFORMANT

Address
Clara B. Boyle, Tulsa, Okla.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhageINTERVAL BETWEEN
ONSET AND DEATH
5-6 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)
DiabetesPART III. If deceased was female was
there a pregnancy in last 90 days
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY.
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8-13-56** to **6-9-1963** and last saw her alive on **6-9-1963**
Death occurred at **3:50 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert P. Douglas, M.D.

22b. ADDRESS

Monett, Mo.

22c. DATE SIGNED

6/11/6323a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial23b. DATE
6/11/6323c. NAME OF CEMETERY OR CREMATORY
FOOF Cemetery23d. LOCATION (City, town, or county) (State)
Monett, Missouri

24. FUNERAL DIRECTOR

ADDRESS

J. D. Buchanan, Monett, Mo.

25. DATE RECD. BY LOCAL REG.

6-11-63

26. REGISTRAR'S SIGNATURE

Mrs P.H. Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/591 0055
2 0055
3
4 1
5 2
6
7 0
8 0
9 331X
10
11
12 2-0
13 2-0USE BLACK INK
OR
TYPEWRITER RIBBON

1920 L I FOR EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.